

## Correspondence

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TO THE EDITOR, *Genitourinary Medicine*

### Bone invasion in secondary syphilis

Sir,  
We read with great interest the article of Ollé-Goig *et al* (*Genitourin Med* 1988; 64:198-201), which described two cases of bone invasion in patients with secondary syphilis and lamented the scarcity of similar published reports.

In 1985 we published a report of two cases of periostitis in secondary syphilis (*J Roy Soc Med* 1985;78:721-4), and at that time we could only find three other papers with similar findings.<sup>1-3</sup> Both our patients had secondary syphilis with periostitis, but only minimal radiological changes were seen in case 1 and none in case 2, in contrast to the fairly florid changes found in congenital or late syphilis.

The diagnosis of periostitis could be missed in secondary syphilis for several reasons: the bony lesions may be asymptomatic; early syphilitic periostitis and osteomyelitis seldom produce radiological changes;<sup>4</sup> and headaches caused by skeletal lesions may be attributed to meningeal involvement. In our patients the diagnosis of periostitis would have been missed if bone scintigraphy had not been carried out; and we think that a higher incidence of bony lesions will be found if this technique is used as a routine investigation in secondary syphilis.

F Davidson\*

F E Bruckner†

\*Department of Genitourinary Medicine,  
†Department of Rheumatology,  
St George's Hospital,  
London, SW17 0QT

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TO THE EDITOR, *Genitourinary Medicine*

### Rising incidence of penicillinase producing *Neisseria gonorrhoeae* in Paris, France, in 1985-7

Sir,  
Penicillinase producing *Neisseria gonorrhoeae* (PPNG) strains were first isolated in 1976,<sup>1</sup> but were not described in France until 1979.<sup>2</sup> To evaluate the prevalence of PPNG strains in patients attending the sexually transmitted diseases (STD) centre of Hôpital Saint-Louis (Paris, France), we conducted a prospective study of *N gonorrhoeae* isolates from all men presenting with uncomplicated gonococcal urethritis in April and May of three consecutive years. We recovered 213 strains in 1985, 216 in 1986, and 114 in those two months of 1987 and studied them for  $\beta$  lactamase production by a chromogenic cephalosporin test (Cefinase,\* Bio-Mérieux). The incidence of PPNG strains rose from 9/213 (4.2%) in 1985 to 22/216 (10.2%) in 1986<sup>3</sup> and 18/114 (15.8%) in 1987. All three groups of men were statistically comparable ( $\chi^2$  test) for age, ethnic group, profession, marital status, sexual orientation, and place and mode of infection. The small number of patients with gonococcal urethritis who attended our centre in 1987 reflects the generally diminishing incidence of gonorrhoea in Paris since 1986, probably because of protective measures against infection with human immunodeficiency virus (HIV).

All 18 patients with urethritis caused by PPNG strains in 1987 had been infected in Paris, half of them (9/18) by female prostitutes. The rising incidence of PPNG strains in our centre is of particular concern. Although our population is poor and urban and does not truly reflect the incidence of PPNG strains in the whole country, a spread of PPNG strains is predictable, as it has already occurred in New York city (Sood R, *et al*, unpublished observation).

Close epidemiological studies of isolates of *N gonorrhoeae* are recommended and from now on, penicillin as first line treatment for gonococcal urethritis should be abandoned in Paris.

Yours faithfully,  
F Lassau\*  
M Janier\*  
I Casin†  
Y Perolt†

Y Charpak‡  
P Morel\*

\*Centre Clinique et Biologique des MST,  
†Laboratoire de Microbiologie,  
‡Département de Bio-statistiques,  
Hopital St Louis,  
42, Rue Bichat,  
75010 Paris, France

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TO THE EDITOR, *Genitourinary Medicine*

### Non-radioactive DNA probe to identify *Neisseria gonorrhoeae*

Sir,  
We have recently evaluated a non-radioactive DNA probe (Ortho Diagnostic Systems Limited, High Wycombe, Bucks) developed as a culture confirmation test for definitively identifying *Neisseria gonorrhoeae*. The organisms were inoculated on to a membrane, lysed, and neutralised. The probe was then applied, and the membrane was treated with a conjugate and washed. A chromogen substrate was added for a specified time, and the reaction then stopped in a solution of 1% sodium azide. A positive result was indicated by the development of a blue colour.

We tested a range of *Neisseria* spp and related organisms, including stock strains and isolates obtained on primary culture from clinical specimens. The reactions were read blind by three workers and graded as being negative, weakly positive, positive, or strongly positive according to the intensity of the colour. Appropriate control organisms were included. As shown in the table, 30 strains of *N gonorrhoeae* were examined. Most (27) of these gave a positive result. Of the three isolates that gave a negative result, two were negative on initial testing (one of

which was in mixed culture), but proved positive when tested again, and the negative result from the third isolate may possibly be accounted for by the use of a limited volume of conjugate. Eleven strains of *N meningitidis* were tested, seven of which were non-reactive. Of the four that showed weak colour changes, two were tested again, when one gave a similar result and the other result was interpreted as positive by only one of the three workers. Four other *Neisseria* spp proved non-reactive. Two isolates each of *Moraxella* spp and *Branhamella catarrhalis* were recorded as giving negative results, although three of them showed a weak colour change when read again five to 60 minutes after the test was completed.

Although we tested a limited number of isolates, the DNA probe performed satisfactorily in most cases. Some isolates were, however, identified incorrectly. False negative results could possibly be accounted for by one of the technique steps, such as inadequate inoculum size; false positive results are less readily explained. Our overall impression of the test was that it was relatively simple to perform and was completed within 10 minutes. The timing and temperature appeared to be critical, however, which led to a need for extremely good organisation of the work or for two people to perform the test. Furthermore, the colour reaction was weak in many instances, which led to difficulty in interpreting the result. The improvement of the methodology to overcome these limitations will make the probe available as an additional test to identify rapidly *N gonorrhoeae* from primary cultures. Further evaluations, including cost consideration, are necessary to assess the role for this test in routine clinical laboratories.

We thank the staff of the department of genitourinary medicine for their assistance in this study, and Ortho Diagnostic Systems Limited for supplying the kit.

Yours faithfully,  
M S Sprott  
A M Kearns  
M W Neale

Public Health Laboratory,  
Institute of Pathology,  
General Hospital,  
Westgate Road,  
Newcastle upon Tyne NE4 6BE

#### TO THE EDITOR, *Genitourinary Medicine*

##### Is self application of podophyllin an acceptable treatment of genital warts in men?

Sir,

Treatment of genital warts is a major part of the workload of any genitourinary medicine clinic. Podophyllin is used extensively as a first line treatment in most clinics. Treatment is generally carried out two to three times a week at the clinic, and patients are instructed to wash the podophyllin paint off after six hours. Some patients are keen to treat their own warts, but doctors may be reluctant to prescribe podophyllin for self application because of fear of adverse effects that could lead to litigation.

Having investigated the acceptability of self treatment and obtained an opinion from a medical defence society, we started issuing podophyllin for self treatment. Podophyllin was never issued until at least one treatment had been carried out in the clinic and the reaction assessed at a follow up visit. Each patient was given verbal instructions, a demonstration, and a detailed leaflet of instructions.

The following are excerpts (with permission) from the reply to our query concerning possible medicolegal implications:

The principle of the use of this drug on a 'domestic' basis must be the same as (for) any medication provided for the patient's own use and does revolve around education/supervision. In this particular case this would seem to be satisfied by the fact that the initial administration is done within the clinic by a professional.

My view is that if all the necessary precautions are taken in education and a clearly worded leaflet such as your own is given to the patient then the likelihood of successful litigation, were the patient

unlucky enough to suffer some damage, would be low.

We have now issued 324 vials of 5 ml of 25% podophyllin to male patients for self treatment with three applications a week for up to three weeks. Patients whose warts persist after this are assessed for alternative treatment. In that time only one patient "overdid it" and caused painful excoriation to the prepuce, which however healed rapidly using an imidazole and hydrocortisone preparation for three days.

We are satisfied that in treating genital warts in men "podophyllin to take away" is a sensible alternative to clinic treatment and, if carried out in accordance with our suggestions, is unlikely to have any serious adverse consequences for the patient or doctor.

Yours faithfully,  
Colm O'Mahony  
David Coker

Department of Genitourinary Medicine,  
Royal Liverpool Hospital,  
Prescot Street,  
Liverpool

#### TO THE EDITOR, *Genitourinary Medicine*

##### Transmission of HIV-I from men to women in central Africa

Sir,

Heterosexual transmission of the human immunodeficiency virus (HIV) is a major mode of spread of HIV in Africa. Studies of heterosexual transmission in Europe and North America have focused on spouses of men infected through blood transfusion or blood products. Antibodies to HIV were found in 9-19% of women tested.<sup>1</sup>

We report here a survey of the wives of 45 clinically healthy African men who were positive by western blot for antibodies to HIV-I (LAV BLOT I, Diagnostics Pasteur). At the time of the study, the 45 men were aged 19 to 32 and inhabitants of Bangui, Central African Republic. All were married, had lived with their wives for at least one year, and claimed to have regular sexual intercourse with their wives without the use of condoms. Eight men had two regular wives each. Only 20/53 (38%) wives had glycoprotein antibodies to HIV detected by western blot. Of the eight men who had two spouses, in four cases both women were seronegative, in three cases both women were seropositive, and in one case only one of the two spouses proved to be seropositive. These figures can be compared with a household study conducted in Kinshasa, Zaïre, which showed that 8/15 (53%) wives of men with

Table Results of DNA probe test of 49 test *Neisseria* spp and related organisms

Organism	No tested	No giving reaction:			
		Negative	Weakly positive	Positive	Strongly positive
<i>N gonorrhoeae</i>	30	3	4	16	7
<i>N meningitidis</i>	11	7	4	0	0
<i>N lactamica</i>	1	1	0	0	0
<i>N cinerea</i>	1	1	0	0	0
<i>N flavescens</i>	1	1	0	0	0
<i>N elongata</i>	1	1	0	0	0
<i>Moraxella</i> spp	2	2	0	0	0
<i>Branhamella catarrhalis</i>	2	2	0	0	0